

## Abstract Form

(Pre-2007 multiple primary/histology rules are used for all sites except CNS)

Physical Exam/ History:

X-rays/Scopes/Scans:

Labs:

Pathology:

Treatment:

Date of Dx: \_\_\_\_\_

Primary Site: \_\_\_\_\_

Laterality: \_\_\_\_\_

Histology: \_\_\_\_\_

Sequence #: \_\_\_\_\_

Collaborative Stage

CS Extension: \_\_\_\_\_

CS Lymph Nodes: \_\_\_\_\_

CS Mets at Dx: \_\_\_\_\_

SSF 1: \_\_\_\_\_

SSF 3: \_\_\_\_\_

First Course Treatment

Surgical Procedure of  
Primary Site: \_\_\_\_\_

Scope of Regional  
Lymph Node Surgery: \_\_\_\_\_

Surgical  
Procedure/Other Site: \_\_\_\_\_

Radiation Regional  
Treatment Modality: \_\_\_\_\_

Chemotherapy: \_\_\_\_\_

Hormone Therapy: \_\_\_\_\_

Immunotherapy: \_\_\_\_\_

Hematologic Transplant  
and Endocrine  
Procedures: \_\_\_\_\_

Other Treatment: \_\_\_\_\_